

HUMAN RIGHTS COMMISSION ▪ CITY OF BINGHAMTON



38 Hawley Street ▪ Binghamton, NY 13901 ▪ Phone: (607) 398-0559
Email: info@binghamtonhrc.org ▪ www.cityofbinghamton.com

HUMAN RIGHTS COMMISSION COMPLAINT INTAKE FORM

(Please fill out forms legibly)

Name: _____
(First, Middle, Last)

Address: _____
(Street, City, State, ZIP)

Date of Birth: _____ Email Address: _____

Telephone: _____
(Home) (Work) (Cell)

Can we call you at work? ☐ Yes ☐ No What is your contact preference? ☐ Home ☐ Work ☐ Cell

Do you have an attorney? ☐ Yes ☐ No If "Yes", is it okay to contact and discuss your case? ☐ Yes ☐ No

Attorney's Name: _____ Telephone: _____

Complaint Information

Indicate the basis of your complaint. Please check all that apply.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Identity & Expression | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Size | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Conviction Record |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Use of Service Animal | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Weight/Height | <input type="checkbox"/> Family Status/Number of Children (Housing Only) | |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other _____ | | |

Please indicate what category the complaint is related to.

- | | |
|---|--|
| <input type="checkbox"/> Employment | If your complaint is related to Employment, please complete the pages entitled "Complaints Related to Employment" and "Signature Page". |
| <input type="checkbox"/> Housing | If your complaint is related to Housing, please complete the pages entitled "Complaints Related to Housing" and "Signature Page". |
| <input type="checkbox"/> Business/ Public Accommodation | If your complaint is related to Business/Public Accommodation, please complete the pages entitled "Complaints Related to Business, Public Accommodation, Education and Credit" and "Signature Page". |
| <input type="checkbox"/> Education | If your complaint is related to Education, please complete the pages entitled "Complaints Related to Business, Public Accommodation, Education and Credit" and "Signature Page". |
| <input type="checkbox"/> Credit | If your complaint is related to Credit, please complete the pages entitled "Complaints Related to Business, Public Accommodation, Education and Credit" and "Signature Page". |
| <input type="checkbox"/> Other | If none of the above listed categories apply, please attach a letter describing the complaint. |

Sean Massey, Chair ▪ Brett J. Dean, Secretary

Carole E. Coppens ▪ Helen L. Higginbotham ▪ Susan Link ▪ Stacey L. Lovett-Pitts ▪ Willie T. Murray ▪ Dara Silberstein ▪ Colleen Wagner

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COMPLAINTS RELATED TO EMPLOYMENT

Please outline the contact information for the company or organization about which you have a complaint.

Name of Company or Organization: _____

Address of Company or Organization: _____
(Street, City, State, ZIP)

Telephone: _____ Email Address: _____

Please outline the name and job title of the person about whom you have a complaint.

Name: _____ Title: _____

Please outline your employment history with this company or organization.

Hire Date: _____ Title (Upon Last Day of Employment): _____

Union: ☐ Yes ☐ No If "Yes", Which Union and Local Number?: _____

Approximate Number of Employees at this Company or Organization: _____

Date of the Last Incident of Discrimination: _____

Briefly describe the situation. Further details can be provided at your intake interview. Please attach supportive documentation if necessary.

Last Day of Employment: _____ If Terminated, Receipt Date of Notice of Termination: _____

What are you seeking as a resolution of this matter?

Have you filed a complaint with any other agency or court on this matter? ☐ Yes ☐ No

If you answered "Yes" to the above question, please list the agency or court: _____

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COMPLAINTS RELATED TO HOUSING

Please outline the contact information for the owner, company or organization about which you have a complaint.

Name of Owner, Company or Organization (i.e. Realtor, Property Management, etc.): _____

Address of Owner, Company or Organization: _____
(Street, City, State, ZIP)

Telephone: _____ Email Address: _____

If you are complaining about an owner, company or organization, please outline the name(s) and title(s) of the person(s) within that company or organization about whom you have a complaint.

Name: _____ Title: _____

What is the basis of your complaint?

- ☐ Refused to Rent ☐ Refused to Sell ☐ Refused to Show Premises ☐ Evicted
☐ Other _____

Original/First Date of Discrimination: _____ Most Recent Date of Discrimination: _____

City, County and State of Discrimination: _____

Briefly describe the situation. Further details can be provided at your intake interview. Please attach supportive documentation if necessary.

What are you seeking as a resolution of this matter?

Have you filed a complaint with any other agency or court on this matter? ☐ Yes ☐ No

If you answered "Yes" to the above question, please list the agency or court: _____

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COMPLAINTS RELATED TO BUSINESS, PUBLIC ACCOMODATION, EDUCATION OR CREDIT

Please outline the contact information for the company or organization about which you have a complaint.

Name of Company or Organization: _____

Address of Company or Organization: _____
(Street, City, State, ZIP)

Telephone: _____ Email Address: _____

If you are complaining about a company or organization, please outline the name(s) and title(s) of the person(s) within that company or organization about whom you have a complaint.

Name: _____ Title: _____

What kind of company or organization is your complaint about?

- | | | | | |
|--|--|--------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Store | <input type="checkbox"/> School | <input type="checkbox"/> Club | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Non-Profit Agency | <input type="checkbox"/> Other _____ | | |

What discrimination occurred? Check all that apply.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Denied Membership | <input type="checkbox"/> Membership Terminated | <input type="checkbox"/> Denied Application |
| <input type="checkbox"/> Denied Accommodation | <input type="checkbox"/> Denied Credit/Loans | <input type="checkbox"/> Wrongful Suspension from School | |
| <input type="checkbox"/> Other Unequal Treatment _____ | | | |

Original/First Date of Discrimination: _____ Most Recent Date of Discrimination: _____

City, County and State of Discrimination: _____

Briefly describe the situation. Further details can be provided at your intake interview. Please attach supportive documentation if necessary.

What are you seeking as a resolution of this matter?

Have you filed a complaint with any other agency or court on this matter? ☐ Yes ☐ No

If you answered "Yes" to the above question, please list the agency or court: _____

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SIGNATURE PAGE

Please read the following information carefully, and sign below to authorize an investigation of your complaint. If you have any questions about this section, please contact the Commission Chair, who will be happy to provide further clarification about our procedures.

I have been advised of the Commission's procedures, and I understand that this is an intake form for information purposes only, and I request that the Binghamton Human Rights Commission take necessary and appropriate action they deem necessary in their investigation. I hereby give my authorization to release information contained in this form to any persons necessary.

Signature

Date

Parent/Legal Guardian (If Complainant is under 18) (Please Print)

Parent/Legal Guardian (If Complainant is under 18) (Signature)

Date

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